

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
KITAHIRO KANEDA		Examiner: W.J. Tucker
Application No.: 09/899,283	:	Group Art Unit: 2623
Filed: July 6, 2001	· )	
For: IMAGE PROCESSING METHOD AND APPARATUS AND STORAGE MEDIUM	) : )	September 3, 2004
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Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 **RECEIVED** 

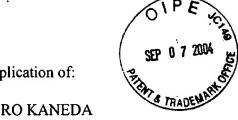
SEP 0 9 2004

**Technology Center 2600** 

## **AMENDMENT**

Sir:

In response to the Office Action dated June 4, 2004, please amend the above-identified application as follows. The claim amendments are reflected in the listing that begins at page 2, and the Remarks begin at page 7.



In re Application of: Docket No. 00862.022286.

KITAHIRO KANEDA

Application No.: 09/899,283

Filed: July 6, 2001

For: IMAGE PROCESSING METHOD AND APPARATUS AND STORAGE MEDIUM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Examiner: W.J. Tucker

Group Art Unit: 2623

Date: September 3, 2004

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SEP 0 9 2004

**Technology Center 2600** 

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 11	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290			\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Inter V.

Attorney for Applicant Registration No.: 47,138

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New York, New York 10112-3801
Facsimile: (212) 218-2200

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